

--

SOCIAL SECURITY NUMBER

STATE OF RHODE ISLAND
OFFICE OF ACCOUNTS AND CONTROL

REQUEST FOR DUPLICATE W-2

CALENDAR YEAR 2008

NAME:	
MAILING ADDRESS:	
MANDATORY -- DAYTIME PHONE NO.	

TO BE MAILED TO EMPLOYEE ☐

TO BE PICKED UP ☐

☐

IF DUPLICATE IS TO BE SENT TO AGENCY/DEPARTMENT, PLEASE CHECK BOX
AND FILL IN BELOW.

NAME OF AGENCY/DEPARTMENT

FOR CONTROLLER'S OFFICE USE ONLY

DATE REQUEST RECEIVED	INITIALS OF RECEIVER	DATE DUPLICATE W-2 MAILED	INITIALS OF SENDER

PLEASE FILL OUT ONE SHEET FOR EACH REQUEST.